

Initial Request for Leave or an Extension of Leave Under the Family Medical Leave Act

To be completed by employee:

Name: _____ Date: _____
(please print)

Reason for Leave: (check one)

- 1. For the birth of the employee's child, and to care for such child. Date of birth: _____
- 2. For the placement of a child for adoption or foster care with an employee.
- 3. To care for the employee's spouse, son or daughter, or parent with a serious health condition.
- 4. Because of a serious health condition that makes the employee unable to perform one or more of the essential functions of an employee's job.
- 5. Because of a qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a military member on covered active duty (or has been notified of an impending call or order to covered active duty status).
- 6. To care for a covered servicemember with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the covered servicemember.

Dates of FMLA Requested : _____

I want to use paid leave for the following period(s) of time: _____

Check the type of paid leave requesting: Sick _____ Vacation _____ Comp Time _____ Other _____

Are you requesting leave on an intermittent basis? Yes No
• If yes, please describe: _____

Is your spouse employed by the State of Minnesota? Yes No

If yes, is he/she taking or already taken FMLA for the same reason? Yes No
• If yes, please provide the number of days or hours your spouse used or requested: _____

To assist our payroll clerk in tracking the hours used, please check the FMLA box on your timesheet when the leave taken is related to your FMLA qualifying event.

Signed: _____ Date: _____